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Jennifer Mathews
St. John Fisher College, Jennifer.Mathews@acphs.edu

Amy L. Parkhill
St. John Fisher College, aparkhill@sjfc.edu

Jeanne Gainsburg

Scott Fearing

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Publication Information

Mathews, Jennifer; Parkhill, Amy L.; Gainsburg, Jeanne; and Fearing, Scott (2011). "The Need for Transgender Health Content in the Pharmacy Curriculum." *Innovations in Pharmacy* 2.4.

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The Need for Transgender Health Content in the Pharmacy Curriculum

Abstract

The article, "The Need for Transgender Health Content in the Pharmacy Curriculum," addresses transgender patients and how they often have complex medical, psychological, and social concerns. According to the article, these patients may not only need to learn to manage complicated medication regimens, which can have significant side effects, but may also face many barriers to treatment. Some of those barriers include difficulties with insurance, fear of discrimination, lack of support, and a mistrust of the healthcare system. Given the important role that medications play in maintaining their quality of life, the article suggests that pharmacists are in a unique position to not only improve the healthcare that transgender patients receive, but also to improve their perceptions of the system.

The article also talks about how current literature shows that little has been done to educate pharmacists on the specific needs of the transgender patient. Parkhill and Mathews say that the likelihood that pharmacy students will encounter transgender patients in their pharmacies will increase as more transgender individuals begin to live their lives authentically. And for that reason, they are recognizing the critical need to increase pharmacy student awareness of the healthcare issues facing this population.

The article concludes that by increasing education and awareness of the barriers to healthcare that transgender patients face, students will receive the training required to care for their patients in a culturally competent way.

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The Need for Transgender Health Content in the Pharmacy Curriculum

Amy L. Parkhill, Ph.D.[1], Jeanne Gainsburg[2], Scott Fearing[2], and Jennifer L. Mathews, Ph.D.[1]
[1]Wegmans School of Pharmacy, St. John Fisher College, Rochester, NY, [2]Gay Alliance of Genesee Valley, Rochester, NY.

Introduction

Introduced in December 2010, Healthy People 2020 aims to eliminate health care disparities, promote quality of life, and create social environments that promote good health for all.[1] The new topic area of lesbian, gay, bisexual, and transgender (LGBT) health has been added to the Healthy People 2020 initiative.[1] To improve the health of LGBT individuals and to increase culturally competent medical care and prevention services, these guidelines and others recognize the importance of providing students with opportunities for training regarding LGBT patients.[1,2] As we educate future healthcare providers, we need to evaluate whether our current curricula address the needs of LGBT patients. This critical evaluation is already underway in other professions.

A recent article in the Journal of the American Medical Association (2011) addressed the amount of LGBT-related content in medical education. Cited within the article is the Association of American Medical Colleges recommendation that medical schools ensure that curricula contain both content and practical experiences that address the specific health care needs of LGBT patients.[3] An internet-based survey was provided to all 176 medical schools in the US and Canada which asked questions related to the depth and breadth of coverage of 16 topics related to LGBT health. Of the schools that were sent the survey, 132 fully completed all the questions.[3] The data collected indicated that the median time dedicated to LGBT topics was a mere 5 hours and that coverage of LGBT topics ranged anywhere from 0 to 32 hours. To our knowledge, there is no such data on the inclusion of LGBT topics in pharmacy education.

Although the authors found that content related to the entire LGBT population was limited, content specific to the transgender population was even sparser. For example, of the 16 topics included in the survey, topics specific to transgender patients such as sex reassignment surgery and transitioning were covered the least frequently. However, given that transgender individuals have many health concerns and barriers to health care that are not seen in the LG and B population, the need to introduce future healthcare providers to these topics is apparent. For example, people identifying as LGB can hide their sexual orientation from their healthcare providers if necessary and still receive adequate primary healthcare. However, in order for a transgender patient to receive appropriate healthcare, they must disclose their transgender status. This need for disclosure may prevent individuals from seeking healthcare out of fear of discrimination from health care professionals.[4] Importantly, it is recognized that this social inequality is related with a poorer health status within the LGBT community when compared to their heterosexual peers.[2, 5]

Transgender healthcare issues

The need for appropriate healthcare in the transgender population is considerable. Pharmacological and medical interventions leading to gender transition are not the expectation for all transgender identified individuals. However, those that do pursue gender transition need to manage the risks and side effects associated with cross-gender hormone therapy, and some individuals also must manage the risks of sex reassignment surgery. Although transgender hormone therapy provides an enormous benefit to transgender patients, it also is associated with serious health consequences such as: type 2 diabetes mellitus, cardiovascular disease, venous thromboembolic disease, liver abnormalities, hyperprolactinemia, osteoporosis, and cancer.[6] Of particular concern for patients on transgender hormone therapy is cardiovascular disease. However, transgender patients may ignore the early signs of cardiovascular disease fearing that a provider will discontinue their hormone therapy.[7] Therefore, providers need to pay particular attention to cardiovascular risk factors. One of the most important risk factors that many transgender patients share is smoking. Tobacco use is high among all transgender persons because many use it as a way to maintain weight loss[7]. Smoking cessation should be aggressively pursued in these patients to reduce cardiovascular disease risk. Healthcare providers must also be vigilant about monitoring potential drug interactions. These interactions can lead to toxicity and also drug failures. For example, hormone therapy containing estradiol has been shown to interact with antiretroviral therapy by altering the metabolism of the estradiol.[8]

Transgender patients who have sex reassignment surgery have an increased risk of bacterial, fungal, and viral infections due to transitioning. Surgical transition can compromise skin integrity and urinary function leading to a higher incidence of infections and urinary incontinence.[9] Many transgender individuals transition safely under medical supervision, however some patients also seek hormones from unsafe sources due to lack of insurance and/or lack of trust in their medical providers. Use of these unsafe hormones increases risk for Hepatitis and HIV infections due to the use of unclean needles. Additionally, transgender women may use injectable silicone to augment the hormone-induced breast

tissue growth. This silicone is often non-medical grade and is frequently administered by non-medical personnel, consequently putting patients at further risk for infections and tissue damage.[6]

Although transgender patients have unique health care needs, it is also important to remember that transgender patients have many of the same health needs as the rest of the population. However, because of the barriers they encounter, many transgender patients do not have a primary care physician. Therefore, they may not seek care for chronic conditions such as hypertension and diabetes and these disease states will often be poorly controlled.[6]

Paradoxically, even though transgender patients are the members of the LGBT community with the greatest need for a meaningful relationship with their healthcare providers, they are also the group that has the most barriers to obtaining healthcare. These barriers may pertain to issues such as: insurance, lack of transportation, poor communication with providers, equipment costs, negative practitioner attitudes, misconceptions, and distrust of medical providers and their office staff.[10] The resource directory coordinator at the Gay Alliance of Genesee Valley has seen that in extreme cases, physicians have refused to treat transgender patients based on their own personal beliefs (Jeanne Gainsburg, personal communication, October 27, 2011). Therefore, the challenges that transgender patients encounter are often beyond their own control. In addition to the lack of sufficient insurance coverage, transgender patients must also deal with the use of non-inclusive language, errors in pronoun use, and the difficulties associated with filling out medical forms based on traditional gender identities.[11] Further complicating their relationship with the healthcare system, many transgender patients often need to educate their healthcare providers about transgender issues because there are few providers who are knowledgeable about their health care needs.[11]

Transgender patients have a unique need for a sound relationship with their pharmacist because knowledge of medications is so essential to transgender patients' quality of life. Therefore, the potential for pharmacists to make a positive impact in the lives of their transgender patients is immense. Most transgender patients are on hormone therapy which requires frequent interaction with pharmacists. These visits can be excellent opportunities to counsel patients about the side effects associated with hormone use and also smoking cessation, preventative health care, and health maintenance.[12] Additionally, package inserts do not contain information specific to transgender health concerns, therefore transgender patients have a greater need for complete information from their pharmacists than the rest of the population.

Transgender topics in healthcare education

Given these unique healthcare issues, the need to educate our future health care providers on transgender care is significant. The aforementioned research by Obedin-Maliver *et. al.*, demonstrates that the medical profession has begun to take the appropriate steps to address deficiencies in the medical curriculum.[3] Other health care professions have also begun to demonstrate an appreciation of the need to address LGBT topics. For example, a recent publication within the nursing literature reviewed the top-10 nursing journals and revealed a lack of research related to LGBT issues.[13] The website for Parents, Families and Friends of Lesbians and Gays (PFLAG) lists the policy statements, including their stance on LGBT individuals and issues, of several healthcare organizations.[14] Included on the website are policies for: the American Medical Association, the American Psychiatric Association and the American Nurses Association.[14] Notably absent from this list is the American Pharmacists Association.

The Accreditation Council for Pharmacy Education (ACPE) has emphasized the importance of cultural competency in the standards used for assessing all pharmacy programs. Standard 9 (the goal of the curriculum) provides guidance related to the importance of cultural competency. Specifically, Guideline 9.1 states "The college or school must ensure that the curriculum addresses patient safety, cultural appreciation, health literacy, health care disparities, and competencies needed to work as a member of or on an interprofessional team". [15] Standard 12 (professional competencies and outcomes expectations) further describes the importance of cultural competency in providing the best patient-centered care. Students must "provide patient care in cooperation with patients, prescribers, and other members of an interprofessional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, cultural, economic, and professional issues…".[15] However, it is important to note that there is not a specific mention of LGBT-health-related issues.

Recently, the American Association of Colleges of Pharmacy (AACP), the national organization representing pharmacy education, hosted an institute on Cultural Competency: Beyond Race and Gender. This training session offered schools of pharmacy assistance in curricular design, assessment, and promoted the exchange of ideas relating to all diverse populations, but specifically included LGBT issues as topics which have been underappreciated.[16] By hosting the Institute, AACP emphasized the importance of cultural competency training in all pharmacy curricula.

Conclusion and Call to Action

There are approximately 96,000 transgender persons in US alone[17, 18] and the likelihood that pharmacists will encounter transgender patients will increase as more transgender people live their lives authentically. Transgender patients often delay or avoid seeking healthcare for fear of discrimination and judgment. Insensitivity and hostility towards transgender patients is reinforced by the fact that there are inconsistent protections against discrimination in healthcare and insurance for transgender patients.[19] Consequently, it is up to health care providers to establish trust with transgender patients and to act in a sensitive and appropriate manner.[9] Given the importance of medications to transgender patients to maintaining their quality of life, pharmacists are in a unique position to not only improve the healthcare that transgender patients receive, but to also improve their perceptions of the healthcare system. Unfortunately, pharmacists are the healthcare providers with the least training on transgender healthcare. Therefore, the pharmacy profession needs to provide the appropriate training, information and resources. Other healthcare providers have begun to realize the need to address this underserved patient population and now it is up to pharmacy educators to also respond to this need.

References

1. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy People 2020*. http://www.healthypeople.gov/2020/about/default.aspx. Accessed October 21, 2011.
2. Centers for Disease Control and Prevention: Lesbian, Gay, Bisexual, and Transgender Health. http://www.cdc.gov/lgbthealth/about.html. Accessed October 21, 2011.
3. Obedin-Maliver, J., Goldsmith, E.S., Stewart, L., White, W., Tran, E., Brenman, S, Wells, M., Fetterman, D.M., Garcia, G., Lunn, M.R. Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. *JAMA* 2011: 306(9):971-7.
4. Newfield E., Hart, S., Dibble, S., Kohler, L. Female-to-male transgender quality of life. *Qual Life Res* 2006: 15(9):1447-57.
5. Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities; Board on the Health of Select Populations; Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding.* Washington, DC: Institute of Medicine; 2011. http://www.nap.edu/catalog.php?record_id=13128. Accessed September 23, 2011.
6. Feldman, J. and Bockting, W. Transgender Health. *Minn Med*. 2003: 86(7):25-32.
7. Allison, R. A. Top 10 Things Transgender Persons Should Discuss with their Healthcare Provider. *Gay and Lesbian Medical Association.* http://www.glma.org/_data/n_0001/resources/live/Top%20Ten%20Trans.pdf. Accessed October 24, 2011.
8. Department of Health and Human Services. *Guidelines for the use of antiretroviral agents in HIV-1 infected adults and adolescents*; 2011. http://www.aidsinfo.nih.gov/contentfiles/adultandadolescentgl.pdf. Accessed 10/24/11.
9. Williamson C. Providing care to transgender persons: a clinical approach to primary care, hormones, and HIV management. *J Assoc Nurses AIDS Care*. 2010: 21(3):221-9.
10. Drainoni M-L, Lee-Hood E, Tobias C, Bachman SS, Andrew J, Maisels L., Cross-Disability Experiences of Barriers to Health-Care Access. *J Disability Policy Studies*. 2006; 17:101-115.
11. Planned Parenthood of the Southern Finger Lakes. *Providing Transgender Inclusive Healthcare Services.* http://www.plannedparenthood.org/ppsfl/files/Southern%20Finger%20Lakes/Providing_Transgender_Inclusive_Healthcare_Handbook.pdf. Accessed October 24, 2011.
12. Samuel, L. and Zaritsky, E. Communicating Effectively with Transgender Patients. *Am Fam Physician* 2008; 78: 648-650.
13. Eliason MJ, Dibble S, and DeJoseph J. Nursing's Silence on Lesbian, Gay, Bisexual, and Transgender Issues: the need for emancipatory efforts. *Adv Nur Sci*. 2010; 33(3):206-218.
14. Straight for Equality in Health Care. Policy Statements. http://community.pflag.org/page.aspx?pid=1136. Accessed October 21, 2011.
15. Accreditation Standards and Guidelines. Accreditation Council for Pharmacy Education. http://www.acpe-accredit.org/pdf/FinalS2007Guidelines2.0.pdf. Assessed June 24, 2011.
16. American Association of Colleges of Pharmacy. *Cultural Competency: Beyond Race and Gender*. 2011 AACP Institute, Herndon, VA. http://www.aacp.org/meetingsandevents/othermeetings/2011Institute/Pages/default.aspx?utm_source=allmemberslistserv&utm_medium=instituteelertlin

k041511&utm_campaign=instituteelertlink041511. Accessed June 1, 2011.
17. Gates, G. How many people are lesbian, gay, bisexual, and transgender? The Williams Institute. http://wiwp.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf. Accessed October 24, 2011.
18. US Population Clock. US Census Bureau. http://www.census.gov/main/www/popclock.html. Accessed October 24, 2011.
19. United Nations Office of the High Commissioner for Human Rights, *Report on the United States of America, Universal Periodic Review on Sexual Rights, 9th Round.* http://lib.ohchr.org/HRBodies/UPR/Documents/session9/US/JS10_JointSubmission10.pdf. Accessed October 18, 2011.